PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

Co629 495

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			20				Γ	RATE	FEE		RATE	FEE
FOR			NÚMBEŘ FILED		NUMBER EXTRA		В	ASIC FEE	375.00	OR	BASIC FEE	750.00
то	TAL CHARGEA	BLE CLAIMS	Ominus 20=		* 0			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	3 minus 3 =		* 0			X42=		OR	X84=	:
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT		e e e e Se e e e			+140=		OR	+280=	
* f	the difference	in column 1 is	less than zero, enter "0" in coll			olumn 2	L	TOTAL	2)c=	李人	TOTAL	
	Ci	LAIMS AS A	MENDED	ED - PART II							OTHER	THAN
		(Column 1) CLAIMS	(Column 2) (Column 4)			(Column 3)		SMALL E		OR	SMALL	· · · · · ·
AMENDMENT A		REMAINING AFTER AMENDMENT	NI PRE		BER DUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	3	RATE	ADDI- TIONAL FEE
	Total	*	Minus **			<u>.</u>		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	F CL AIM	=		X42=		OR	X84=	
	FINST PRESE	NTATION OF MI	UETIPLE DEF	ENDEN	CLAIM			+140=		OR	+280=	÷
							L ΔΓ	TOTAL		OR	TOTAL ADDIT, FEE	
ADDIT FEE (Column 1) (Column 2) (Column 3)											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total 🦸	* 4	Minus	**	p. s.	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	F CL AIM	= -		X42=		OR	X84=	,
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	ı	OR	+280=	4 1 1
							A.	TOTAL DDIT FEE		OR.	TOTAL ADDIT. FEE	
	<u>a and Indian and Albertan</u> a			.,								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total :	*	Minus	**	, ja	=		X\$ 9=		OR.	X\$18=	
	Independent	*	Minus	***	T CL AUA		$\ \ ^{-}$	X42=		OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	a
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								turi Pek Maria	ΛR	TOTAL	
***	If the "Highest Nu	mber Previously Pa aber Previously Pa	aid For" IN THI	S SPACE	is less tha	n 3, enter "3."	AL	DIT FEE	propriate box		ADDIT. FEE lumn 1.	